

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039164

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 24 1962

VS 300
Rev. 4/596499
30730

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Joplin

Length of stay in 1b

2 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST. Johns

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

NEWTON

Inside Limits

Yes ☒ No ☐c. CITY
OR TOWN

GRANBY

d. STREET
ADDRESS

NONE

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

JOANN

First

Fullerton

Last

4. DATE
OF DEATH

Month

Day

Year

OCT. 20, 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-19-1939

9. AGE (last birthday)

23

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NURSE

10b. KIND OF BUSINESS OR INDUSTRY

Hospital

11. BIRTHPLACE (City and state or country)

GRANBY, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

CLIFFORD Fullerton

13b. MOTHER'S MAIDEN NAME

ETHEL Robins

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

CLIFFORD Fullerton GRANBY, MO.

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Rheumatic Mitral Insufficiency

INTERVAL BETWEEN ONSET AND DEATH

10 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1960

to OCT 20, 1962

and last saw her alive on OCT 20, 1962

Death occurred at

8:15

P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John W. Koehler, M.D.

(Degree or title)

22b. ADDRESS

304 Medical Arts Bldg Joplin Mo.

22c. DATE SIGNED

10/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

10-22-62

23c. NAME OF CEMETERY OR CREMATORY

GRANBY MEMORIAL

23d. LOCATION (City, town, or county)

GRANBY, MISSOURI

(State)

24. FUNERAL DIRECTOR

SHEWMAKE Funeral Home GRANBY, MO.

ADDRESS

25. DATE RECD. BY LOCAL REG.

10-22-1962

26. REGISTRAR'S SIGNATURE

NORCE Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

NOV 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Floyd E. Stewarts

Licensed Embalmer No. 4923
Box 218
P. O. Address Granby, Mass.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.